PTO/SB/17 (12-04) Approved for use through 07/31/2006, OMB 0651-0032

Under the Paned ork Reduction	n Act of 1995	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number							
Effective on 12/08/2004.				Complete if Known					
FEE TRANSMITTAL For FY 2005				Application Number 09/8			57,682		
				Filing Date		September 4, 2001			
				First Named Inventor		Antti Särelä et al.			
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name		Michael G. Mendoza			
				Art Unit		3731			
TOTAL AMOUNT OF PAYN	Attorney Docket No. 3003-00034			034					
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 01.2000 Deposit Account Name: Andrus, Sceales, Starke & Sawall, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments									
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
Information and authorization on PTO-2038.									
FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
I. BASIC FILING, SEAR	FILING			CH FEES	EXAN	IINATION F	EES		
Application Type	Fe <u>e (\$)</u>	Small Entity	Fee (\$	Small Entity	Fee	Small Er		Fees Pa	aid (\$)
Utility	300	<u>Fee (\$)</u> 150	500	1 <u>Fee (\$)</u> 250	200		21	1 0001	<u> </u>
Design	200	100	100	50	130		-		
Plant	200	100	300	150	160		•		
Reissue	300	150	500	250	600		-		
Provisional	200	100	0	0	000		-		
2. EXCESS CLAIM FEES		100	v	U		U	•		Small Entity
Fee Description						_		Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent									25 100
Multiple dependent claim		or Reissues, each	muep	endem ciaim in	ore mai	ini the orig	mai paten	360	180
	xtra Claim	<u>s Fee (\$)</u>	Fee	Paid (\$)	Multip	le Depende	nt Claims		
<u>23</u> - 23 =	0	x \$0.00 =	:	\$0.00	Fee	<u>(\$)</u>	Fee Paid	<u>(\$)</u>	
HP = highest number of total claudep. Claims	ams paid for xtra Claim:	•	Fee	Paid (\$)					
3 - 3 =	0	x\$0.00 =	:	\$0.00					
HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)									
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets									
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)									
Other: Request for Continued Examination; Petition for Extension of Time (three months) \$1,810.00									
SUBMITTED BY									
OVERHITIED DI / )									

Registration No. (Attorney/Agent) 54,180 Telephone 414-271-7590 Signature Name (Print/Type) Peter T. Holsen Date November 7, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.